

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2023

For calendar year 2023 or tax year beginning

, ending

A S election effective date 01/01/16	TYPE OR PRINT	Name POTOMAC CARE PHARMACY INC	D Employer identification number 47-5361591
B Business activity code number (see instructions) 456110		Number, street, and room or suite no. If a P.O. box, see instructions. 12103 DARNESTOWN ROAD	E Date incorporated 10/21/2015
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code NORTH POTOMAC MD 20878	F Total assets (see instructions) \$ 139,278

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes NoH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election terminationI Enter the number of shareholders who were shareholders during any part of the tax year
1J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a Gross receipts or sales 2,031,090	b Less Returns and allowances	c Balance	1c 2,031,090
	2 Cost of goods sold (attach Form 1125-A)		2 1,679,609	
	3 Gross profit. Subtract line 2 from line 1c		3 351,481	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5 Other income (loss) (see instructions—attach statement)		5	
	6 Total income (loss). Add lines 3 through 5		6 351,481	
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)		7	
	8 Salaries and wages (less employment credits)		8 19,043	
	9 Repairs and maintenance		9 8,652	
	10 Bad debts		10	
	11 Rents		11 60,234	
	12 Taxes and licenses		12 17,676	
	13 Interest (see instructions)		13	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14 1,082	
	15 Depletion (Do not deduct oil and gas depletion.)		15	
	16 Advertising		16 1,619	
	17 Pension, profit-sharing, etc., plans		17	
	18 Employee benefit programs		18	
	19 Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20 Other deductions (attach statement)	SEE STMT 1	20 85,470	
	21 Total deductions. Add lines 7 through 20		21 193,776	
	22 Ordinary business income (loss). Subtract line 21 from line 6		22 157,705	
	Tax and Payments	23a Excess net passive income or LIFO recapture tax (see instructions)	23a	
		b Tax from Schedule D (Form 1120-S)	23b	
		c Add lines 23a and 23b (see instructions for additional taxes)	23c	
		24a Current year's estimated tax payments & preceding year's overpayment credited to the current year	24a	
		b Tax deposited with Form 7004	24b	
		c Credit for federal tax paid on fuels (attach Form 4136)	24c	
d Elective payment election amount from Form 3800		24d		
z Add lines 24a through 24d		24z		
25 Estimated tax penalty (see instructions). Check if Form 2220 is attached		25		
26 Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26		
27 Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid	27			
28 Enter amount from line 27: Credited to 2024 estimated tax	Refunded	28		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	May the IRS discuss this return with the preparer shown below? See instructions.
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Signature of officer FADIME SEREMET	Date 02/24/24	Title PRESIDENT
	Print/Type preparer's name YOAV KATZ	Preparer's signature YOAV KATZ	Date 02/24/24
	Firm's name KATZ & CO., P.A.		Check <input type="checkbox"/> if self-employed
	Firm's address 4641 MONTGOMERY AVE STE 200 BETHESDA, MD 20814		PTIN P01057947
		Firm's EIN 52-1260827	
		Phone no. 301-951-8700	

For Paperwork Reduction Act Notice, see separate instructions.

Schedule B Other Information (see instructions)

1 Check accounting method:	a <input type="checkbox"/> Cash	b <input checked="" type="checkbox"/> Accrual	c <input type="checkbox"/> Other (specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 See the instructions and enter the:	a Business activity RETAIL	b Product or service PHARMACY			
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4 At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation		(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(i) Total shares of restricted stock				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(ii) Total shares of non-restricted stock				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(i) Total shares of stock outstanding at the end of the tax year				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(ii) Total shares of stock outstanding if all instruments were exercised				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount				<input type="checkbox"/>	
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.					
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions				\$ <input type="text"/>	
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions				Yes <input type="checkbox"/>	
10 Does the corporation satisfy one or more of the following? See instructions				Yes <input type="checkbox"/>	
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.				Yes <input type="checkbox"/>	
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.				Yes <input type="checkbox"/>	
c The corporation is a tax shelter and the corporation has business interest expense.				Yes <input type="checkbox"/>	
If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).					
11 Does the corporation satisfy both of the following conditions?				Yes <input type="checkbox"/>	
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.				Yes <input type="checkbox"/>	
b The corporation's total assets at the end of the tax year were less than \$250,000.				Yes <input type="checkbox"/>	
If "Yes," the corporation is not required to complete Schedules L and M-1.					

Schedule B Other Information (see instructions) (continued)

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction	\$	
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
	b If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15	\$	
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		X

Schedule K Shareholders' Pro Rata Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 157,705	
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends:		
	a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7		
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a		
b Collectibles (28%) gain (loss)	8b		
c Unrecaptured section 1250 gain (attach statement)	8c		
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type:	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a 4,825	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures	12c	
	d Other deductions (see instructions) Type: SEE STMT 3	12d 9,445	
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type:	13d	
	e Other rental credits (see instructions) Type:	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type:	13g	
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance	<input type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c 4,844	
	d Distributions (attach statement if required) (see instructions)	16d 173,909	
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items (continued)			Total amount
Other Information	17a Investment income		17a
	b Investment expenses		17b
	c Dividend distributions paid from accumulated earnings and profits		17c
	d Other items and amounts (attach statement)	SEE STATEMENT 4	
Reconciliation	18 Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f		18 143,435

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash		20,132		46,505
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories		45,326		49,347
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)	STMT 5	1,405		1,405
7	Loans to shareholders		80,000		37,000
8	Mortgage and real estate loans				
9	Other investments (attach statement)	STMT 6	500		500
10a	Buildings and other depreciable assets	54,153		54,153	
b	Less accumulated depreciation	(48,550)	5,603	(49,632)	4,521
11a	Depletable assets				
b	Less accumulated depletion	()	()	()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()	()	()	
14	Other assets (attach statement)				
15	Total assets		152,966		139,278
Liabilities and Shareholders' Equity					
16	Accounts payable		95,151		112,303
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)	STMT 7			3,073
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		57,815		22,497
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()	()	()	
27	Total liabilities and shareholders' equity		152,966		137,873

Form 1120-S (2023)

Schedule M-1**Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	138,591	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	
b Travel and entertainment \$	4,844	7 Add lines 5 and 6	
4 Add lines 1 through 3	143,435	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	143,435

Schedule M-2**Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income****Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account**

(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	57,815			
2 Ordinary income from page 1, line 22	157,705			
3 Other additions				
4 Loss from page 1, line 22	()			
5 Other reductions	(19,114)			()
6 Combine lines 1 through 5	196,406			
7 Distributions	173,909			
8 Balance at end of tax year. Subtract line 7 from line 6	22,497			

Cost of Goods Sold

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
 ► Go to www.irs.gov/Form1125A for the latest information.

Name

POTOMAC CARE PHARMACY INCEmployer identification number
47-5361591

1	Inventory at beginning of year
2	Purchases
3	Cost of labor
4	Additional section 263A costs (attach schedule)
5	Other costs (attach schedule)
6	Total. Add lines 1 through 5
7	Inventory at end of year
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions

1	45,326
2	1,683,630
3	
4	
5	
6	1,728,956
7	49,347
8	1,679,609

9a Check all methods used for valuing closing inventory:

- (i) Cost
 - (ii) Lower of cost or market
 - (iii) Other (Specify method used and attach explanation.) ►
- b Check if there was a writedown of subnormal goods ►
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)
- d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO
- e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions Yes No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

For Paperwork Reduction Act Notice, see instructions.

Form 1125-A (Rev. 11-2018)

**Schedule K-1
(Form 1120-S)**

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year

beginning ending

Final K-1

Amended K-1

**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

Part III**Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

1	Ordinary business income (loss) 157,705	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis 4,844
10	Other income (loss)	D	173,909
G	Current year allocation percentage 100.000000 %	17	Other information STMT
H	Shareholder's number of shares Beginning of tax year 1,000 End of tax year 1,000	V*	AC* STMT
I	Loans from shareholder Beginning of tax year \$ 0 End of tax year \$ 0	12	Other deductions A 4,825
		ZZ*	9,445
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

47-5361591

**Federal Statements
FADIME SEREMET
217-69-5378**

Schedule K-1, Box 12, Code ZZ - Other Deductions

Description	Shareholder Amount
SH HEALTH INSURANCE NOT IN W2	\$ 9,445
TOTAL	<u>\$ 9,445</u>

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
PAGE 1 MEALS	\$ 4,844
TOTAL	<u>\$ 4,844</u>

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 GROSS RECEIPTS FOR 2022	1,810,450
8990 GROSS RECEIPTS FOR 2021	1,409,936
8990 GROSS RECEIPTS FOR 2020	1,403,253

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2023

For calendar year 2023 or tax year beginning _____, ending _____

Name
POTOMAC CARE PHARMACY INC
FADIME SEREMET

Taxpayer Identification Number
47-5361591
217-69-5378

Column A	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
	PAGE 1 ACTIVITY				
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:

	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	157,705				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions	9,445				
W-2 wages	19,043				
Qualified property	54,153				

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Federal Statements**Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions**

Description	Amount
ACCOUNTING	\$ 2,075
COMPUTER & ONLINE MAINTENANCE	9,569
DUES AND SUBSCRIPTIONS	130
INSURANCE	3,469
OFFICE EXPENSE	7,878
POSTAGE	408
SECURITY	274
TELEPHONE	9,390
TRAINING/CONTINUING EDUCATION	3,147
DELIVERY & PARKING	6,721
SERVICE PROCESSING FEES	11,862
TRASH REMOVAL	270
PROFESSIONAL SERVICE FEES	22,474
PAYROLL PROCESSING & EXPENSE	1,176
AUTO EXPENSE	1,782
50% OF MEALS	4,845
TOTAL	\$ 85,470

Statement 2 - Form 1120-S, Page 3, Schedule K, Line 12a - Cash Contributions

Description	Cash Contrib 60%	Cash Contrib 30%	Total
CASH CONTRIBUTIONS (60%)	\$ 4,825	\$ _____	\$ 4,825
TOTAL	\$ 4,825	\$ 0	\$ 4,825

Statement 3 - Form 1120-S, Page 3, Schedule K, Line 12d - Other Deductions

Description	Amount
SH HEALTH INSURANCE NOT IN W2	\$ 9,445
TOTAL	\$ 9,445

Statement 4 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
SECTION 199A INFORMATION - SEE ATTACHED WRK	\$ _____

Statement 5 - Form 1120-S, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
MD PTE TAX PAID	\$ 1,405	\$ 1,405
TOTAL	\$ 1,405	\$ 1,405

Federal Statements**Statement 6 - Form 1120-S, Page 4, Schedule L , Line 9 - Other Investments**

Description	Beginning of Year	End of Year
CARE PHARMACIES	\$ 500	\$ 500
TOTAL	\$ 500	\$ 500

Statement 7 - Form 1120-S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
PASS-THROUGH ENTITY TAX DUE	\$	\$ 3,073
TOTAL	\$ 0	\$ 3,073

Statement 8 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
TRAVEL & ENTERTAINMENT	\$ 4,844
CHARITABLE CONTRIBUTIONS	\$ 4,825
OTHER DEDUCTIONS	\$ 9,445
TOTAL	\$ 19,114

Section 199A Information Worksheet
Form 1120-S
2023

For calendar year 2023 or tax year beginning _____, ending _____

Name _____ Employer Identification Number _____

POTOMAC CARE PHARMACY INC
47-5361591

Column A	Activity Description	Pass-Through Entity EIN			
			PTP	Aggregated	SSTB
PAGE 1 ACTIVITY					
Column B					
Column C					
Column D					
Column E					

QBI or Qualified PTP items:

	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	157,705				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions	9,445				
W-2 wages	19,043				
Qualified property	54,153				

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Federal Asset Report

Form 1120-S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:										
1	COMPUTER	10/01/16	24,000	X	12,000	5 MQ200DB	24,000		0	
2	CARPET	10/01/16	7,634	X	3,817	7 MQ200DB	7,342		292	
3	SIGNAGE	10/01/16	6,373	X	3,186	7 MQ200DB	6,130		243	
4	FURNITURE & FIXTURES	10/01/16	10,600	X	5,300	7 MQ200DB	10,195		405	
5	IMPROVEMENT	10/01/16	5,546		5,546	39 MMS/L	883		142	
			<u>54,153</u>		<u>29,849</u>			<u>48,550</u>	<u>1,082</u>	
Grand Totals										
			<u>54,153</u>		<u>29,849</u>			<u>48,550</u>	<u>1,082</u>	
Less: Dispositions and Transfers										
			<u>0</u>		<u>0</u>			<u>0</u>	<u>0</u>	
Less: Start-up/Org Expense										
			<u>0</u>		<u>0</u>			<u>0</u>	<u>0</u>	
Net Grand Totals										
			<u><u>54,153</u></u>		<u><u>29,849</u></u>			<u><u>48,550</u></u>	<u><u>1,082</u></u>	